

# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO.  
P1544

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Enhanced Integrated Data Delivery System

the specification of which (check one)  is attached hereto.

was filed on \_\_\_\_\_

Application Serial No. \_\_\_\_\_

and was amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, s 1.56 (a). In the case that the present application is a continuation-in-part application, I further acknowledge the duty to disclose material information as defined in 37 CFR s 1.56(a) which became available between the filing date of the prior application and the filing date of the present application.

I hereby claim foreign priority benefits under Title 35, United States Code s119 of any foreign applications for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

## Prior Foreign Application(s)

(Number)	(Country)	(Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, s120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, s112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, s156(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

(List name and registration number)

Donald R. Boys  
Reg. No. 35,074

Joseph H. Smith  
Reg. No. 30,328

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

Donald R. Boys  
P.O. Box 187  
Aromas, CA 95004

Donald R. Boys  
(408) 726-1457

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Dan Kikinis   
Inventor's signature \_\_\_\_\_ Dated: 6-3-97  
Residence 20264 Ljepava Drive, Saratoga, CA 95070 Citizenship Swiss  
Post Office Address Same

Full name of 2nd joint inventor, if any \_\_\_\_\_  
2nd inventor's signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of 3rd joint inventor, if any \_\_\_\_\_  
3rd inventor's signature \_\_\_\_\_ Dated: \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of 4th joint inventor, if any \_\_\_\_\_  
4th inventor's signature \_\_\_\_\_ Dated: \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of 5th joint inventor, if any \_\_\_\_\_  
5th inventor's signature \_\_\_\_\_ Dated: \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of 6th joint inventor, if any \_\_\_\_\_  
6th inventor's signature \_\_\_\_\_ Dated: \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of 7th joint inventor, if any \_\_\_\_\_  
7th inventor's signature \_\_\_\_\_ Dated: \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_